



Fact Sheet:



The History of Perinatal Substance Abuse Services in California

1986

The Department of Alcohol and Drug Programs (ADP) created the Select Committee on Perinatal Alcohol and Drug Use (first known as the Select Committee on Alcohol-Related Birth Defects) in late 1986. Its original charge was to explore the causes and impact of alcohol-related birth defects and to produce a comprehensive report with concrete recommendations that would significantly reduce this problem. The Committee convened two statewide forums that drew over 150 experts in the fields of alcohol/drug services, maternal and child health, education, and public policy. The four major recommendations resulting from these two forums were:

- establish pilot projects for comprehensive, coordinated services for pregnant and parenting women
- conduct a statewide media campaign on perinatal alcohol and drug use
- establish local coalitions for the prevention of perinatal alcohol and drug use
- provide cross training of health and social services providers

All four of these recommendations were implemented by ADP.

1988

The Health and Welfare Agency began receiving alarming statistics regarding perinatal substance abuse from several departments under its auspices. ADP reported a 243 percent increase in admission requests from women for residential substance abuse treatment. The Department of Health Services (DHS) reported that under the Medi-Cal treatment program, the average cost for an infant requiring admission into a neonatal intensive care unit was \$19,000, and that those costs sometimes reached as high as \$1 million per episode. The Department of Developmental Services (DDS) reported that their high-risk infant project caseload increased 65 percent from the previous fiscal year for infants affected by alcohol or other drugs. The Department of Social Services (DSS) reported that prenatal alcohol and other drug use and drug-affected infants were placing an expensive burden on the foster care system.

1989

In response to these statistics, the Health and Welfare Agency established the State Interagency Task Force (SITF) to develop a coordinated state strategy to address the substance abuse treatment needs of pregnant and parenting women. The SITF was comprised of representatives from the Departments of Alcohol and Drug Programs, Social Services, Health Services, and Developmental Services.

Budget Act language provided funding for ADP in collaboration with the SITF to create the three-year Options for Recovery (OFR) Pilot Program in the counties of San Diego, Los Angeles (two sites), Sacramento and Alameda, areas of high neonatal toxicology. Each site received \$1.5 million to design and implement comprehensive substance abuse treatment programs for pregnant and parenting women and their children. The total budget act authorization for all sites each year was approximately \$8 million. In the first year of the project, DSS provided funding for specialized training for foster parents, and DHS funded the case management component. In subsequent years, ADP funded these services.

ADP established technical assistance contracts to provide training to the OFR Pilot Program, cross training of social service agencies and alcohol and drug providers, and to develop a statewide media campaign to raise awareness regarding perinatal substance abuse. The cross trainings and media campaign were Select Committee recommendations.

Also in response to the Select Committee recommendations, ADP granted counties \$10,000 by request for proposal to develop local coalitions for the prevention of perinatal alcohol and drug use. There were ten counties initially, and by 1991 there were 29 counties in all. The grants were intended to assist community groups to launch prevention education and service coordination efforts.

1990

AB 3010 (Speier) established in statute the Office of Perinatal Substance Abuse (OPSA) and the SITF. The main task of the SITF was to continually develop and evaluate the pilot projects. The statute also

designated ADP as the lead agency for the SITF.

The OFR Pilot Program was expanded to include Contra Costa County and the Regional Project (composed of Shasta, Glenn, Tehama, Siskiyou, and Butte Counties.) As with the original pilots, these sites received \$1.5 million each. The total allocation for both sites each year was approximately \$3 million.

OPSA staff provided extensive technical assistance to the Pilot Programs and conducted numerous site visits.

1991

Governor Pete Wilson's Perinatal Treatment Expansion Initiative increased perinatal substance abuse services for women and their children statewide. This \$25 million initiative provided \$15 million in state general funds (SGF) for program expansion (with an \$8 million Federal/Drug Medi-Cal match), and \$2 million in SGF for the landmark Perinatal Substance Exposure Study (PSES).

OPSA staff wrote the first set of state guidelines for perinatal programs.

1992

OPSA staff traveled statewide conducting site reviews and providing technical assistance to newly established programs. Program guidelines were revised. Reports to the Governor and the Legislature regarding the pilot projects were prepared and distributed.

1993

The Federal Substance Abuse Treatment Block Grant established the Perinatal

Set-Aside, which required that 10% of the grant be used for perinatal services.

The Federal Substance Abuse Treatment Block Grant guidelines established the first federal regulations for programs serving pregnant and parenting women. Most of the standards set forth in these guidelines were already included in California's requirements for perinatal programs. OPSA revised the state perinatal guidelines to fully comply with federal regulations, to incorporate OFR Pilot Program components and the Governor's Perinatal Treatment Expansion Initiative requirements. All three of these perinatal programs were now operating under the same guidelines and were called the Perinatal Services Network (PSN).

OPSA expanded its technical assistance contracts to provide service to all perinatal programs and women specific services.

The PSES was released to the public and garnered nationwide attention with the alarming statistic that over 69,000 newborns are prenatally exposed to alcohol and other drugs each year in California.

1994

In 1994, the OFR project ceased its pilot status and the SITF was restructured to include representatives from all areas of the state and from other state departments. ADP also ceased being the lead agency for the SITF during 1994.

Studies were initiated on dual diagnosis, children, and other issues.

Technical assistance continued for alcohol and drug programs and other related fields.

1995

Pregnant and parenting substance abuse treatment services grew from the initial pilot sites to more than 215 perinatal programs statewide. A total of 8,000 women accompanied by approximately 12,000 of their children were served at these sites in 1995. The guidelines for perinatal programs were revised to address the evolution of services over the past eight years.

As of 2002

OPSA currently oversees a statewide network of approximately 288 publicly-funded perinatal alcohol and drug treatment programs that serve over 37,600 pregnant and parenting women accompanied by approximately 56,400 children (from birth through age 17). Programs may supplement their budgets with grants and contributions and can charge fees based on a client's ability to pay. In addition, State and federal perinatal funds support activities in research, technical assistance, collaboration and coordination, and education and outreach.